



The Eighth World Health Assembly

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THE Eighth World Health Assembly met in Mexico from May 10 to May 27, 1955. As in past years, the United States delegation to this annual meeting of the member countries of the World Health Organization included officials of government and voluntary and professional health organizations.

Earlier assemblies have reflected the growing importance of the World Health Organization in cooperative international efforts to improve man's health. These assemblies have authorized activities which already are proving surprisingly beneficial: technical assistance to fight malaria and other communicable diseases and to build national health services; worldwide services, such as epidemiological reporting; and mobilization of expert health knowledge in expert committees and seminars. The Eighth World Health Assembly, the first assembly to be held in the Western Hemisphere, made decisions which highlight the value of the work started by the 1946 International Health Conference in New York City where the WHO constitution was drafted.

Atomic Energy

By its constitution, the World Health Organization is established as the coordinating authority on international health work. The Eighth World Health Assembly prepared the way for active participation of WHO in the development of the uses of atomic energy for the purposes of health. It approved plans resulting from careful work done by the secre-

tariat, by the experts on the WHO Executive Board, and by a special consultant group called by WHO in December 1954. The assembly granted the Director-General's request for funds to employ an expert in radioisotopes and to establish a new Expert Committee on Atomic Energy in Relation to Public Health. WHO is expected to take on major responsibilities in sponsoring exchange of information, in training in health protection of those working with, or in the vicinity of, radioactive materials, and in the diagnostic and therapeutic uses of radioisotopes. This authorization of WHO responsibility in the health aspects of atomic energy, parallel to that already authorized in other health fields, indicates the recognition by member governments of the usefulness and potentialities of WHO.

Malaria Eradication

The Eighth World Health Assembly took action also to help put an eventual end to an ancient problem. Malaria, the single most serious worldwide communicable disease, continues to devitalize some 350 million people each year. The governments represented at the assembly voted to shift emphasis forthwith from malaria control to malaria eradication. In recent years, use of DDT and other new insecticides has proved eradication feasible, usually at a cost far below that exacted by halfway measures, which are not fully effective, permit the disease to persist, and require constantly recurring expenditures. The development of mosquito re-

United States Delegation

Chief delegate: Dr. Charles W. Mayo, chairman, Mayo Association, Mayo Clinic, Rochester, Minn.

Delegate: Dr. Frederick J. Brady, assistant chief, Division of International Health, Public Health Service.

Alternates: Dr. LeRoy E. Burney, deputy chief, Bureau of State Services, Public Health Service; Howard B. Calderwood, Office of International Economic and Social Affairs, Department of State; Dr. Martha Eliot, chief, Children's Bureau, Department of Health, Education, and Welfare.

Congressional advisers: The Honorable William H. Avery and the Honorable Thomas E. Morgan, House of Representatives.

Advisers: Dr. Otto Brandhorst, chairman, American Dental Association, St. Louis, Mo.; Dr. A. W. Dent, president, Dillard University, New Orleans, La.; Dr. Harold S. Diehl, dean, University of Minnesota Medical School, Minneapolis, Minn.; Dr. David French, Office of International Administration, Department of State; Dr. William R. Norton, State health officer, Raleigh, N. C.; Miss Agnes Ohlson, president, American Nurses Association, New York, N. Y.; Dr. Arthur S. Osborne, international health representative, Division of International Health, Public Health Service; Dr. Calvin B. Spencer, chief, Division of Foreign Quarantine, Bureau of Medical Services, Public Health Service; Capt. Robert I. Ware, executive officer, Naval Medical School, National Naval Medical Center, Bethesda, Md.; Dr. Charles L. Williams, Jr., chief, Latin American Branch, Public Health Division, International Cooperation Administration; Mrs. Nell Hodgson Woodruff, Atlanta, Ga.

WHO Executive Board

Representative: Dr. H. van Zile Hyde, chairman, chief of the Division of International Health, Public Health Service.

sistance to DDT in some parts of the world suggests there is no time to be lost in eradicating the parasite while it is still possible to control the vector with chlorinated hydrocarbon insecticides. The assembly therefore authorized WHO to place special emphasis on stimulating national governments to intensify malaria eradication programs. This decision by the countries of the world means that many malarious areas, with encouragement and assistance from international agencies like WHO and UNICEF, and from bilateral agencies like our International Cooperation Administration, may

free themselves of malaria within the next 10 to 15 years.

As do other WHO programs of technical assistance, malaria eradication abroad has far-reaching implications for our country and for the possibilities of world peace, since it improves conditions of life, morale, and economic productivity of men and women in malarious lands. Thus, the WHO and ICA technical assistance programs are complementary and share many common objectives. The existence of an international health agency, in which nearly all countries of the free world cooperate, has made it possible for countries to join in a common decision to eradicate malaria.

Poliomyelitis

Recent events have dramatized the serious aspects of poliomyelitis. The assembly made a special appropriation to permit WHO to expand its program in poliomyelitis control. This work of coordinating laboratory research and training and strain identification in many countries is an instance of how WHO stimulates and guides worldwide health services. The United States delegation reported to the assembly on the latest Salk vaccine developments in the United States. Other countries, including Canada and Denmark, also presented information on their Salk vaccine programs.

International Quarantine

Another worldwide WHO activity, one which has received great attention and wide support from governments, is the administration of the International Sanitary (Quarantine) Regulations. These regulations, which promote uniformity in quarantine procedures to combine maximum protection against disease with minimum interference with trade and travel, were amended along lines proposed by the United States in order to meet more effectively the requirements of member governments.

Second General Program of Work

In addition to acting on specific program activities, the Eighth World Health Assembly also laid down the general objectives, methods,



President Eisenhower welcomes the WHO visitors on the White House lawn. On the President's left is Surgeon General Leonard A. Scheele and on his right is Dr. Chester Keefer.

and categories of WHO programs for forthcoming years through 1960 by endorsing the second general program of work substantially as drawn up by the executive board. This program underlines the aims of strengthening national health services, training personnel, and

of controlling, or eradicating when feasible, major communicable diseases. It places increased emphasis on the planning and development of health as an integral part of economic and social development and on WHO's role of coordination among organizations engaged in

international health work. No basic changes are made in the lines along which WHO is developing, an indication of general satisfaction on the part of governments with WHO activities.

Scale of Assessments

The assembly undertook a drastic revision of the scale by which the contributions of members are assessed, the first such revision since the establishment of WHO in 1948. One aspect of the revision is that the percentage of the United States assessment will, over a 4-year period (1956-59), be reduced to a level where it is no more than one-third of the total assessment against active members only. This decision is important to the United States so long as some countries continue to be assessed but are inactive and make no payments. While the United States delegation urged full reduction in the United States percentage immediately, many members could not support a rapid corresponding increase in the assessments of other nations. Following the assembly, Congress removed the ceiling of \$3 million on the authorization for the annual United States contribution to WHO. The recent announcement by the U.S.S.R. of intentions to resume active membership in WHO may accelerate the adjustment of the scale of assessments.

Budget for 1956

The Director-General had proposed a budget for 1956 which would involve substantially the

same amount of assessments against members as in 1955. The payment to WHO of a large number of contributions for previous years resulted in an unexpected increase in available funds and made it possible to provide a higher expenditure level without a proportionate increase in assessments. The assembly voted a total effective working budget of \$10,203,084, including several additional items (\$42,000 for atomic energy, \$309,500 additional for malaria eradication, and an additional \$240,000 for costs of technical personnel on joint projects with UNICEF). The assessment against the United States for 1956 will be about \$3,410,000, an increase of about \$60,000 over that for 1955.

The Value of WHO

We have long believed that the World Health Organization is rightly taking the lead in the international effort to help man remove a burden of ill health that is no longer inevitable or tolerable. It is an effort that is both humanitarian and imperatively realistic. By the same token, WHO is one of the foremost agencies of the United Nations family which is working to build peaceful conditions of life. WHO was fashioned primarily by leaders in the medical and public health professions. It is a technical agency which receives wide support from the people and the governments of the world. Humanity can be proud that this organization continues to develop along lines which are influential and sound, and fosters both public health and goodwill among nations.

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